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Marcus I Seewald

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04/01/2011

PHILADELPHIA, PA 19103

APPLICATION NO

10/542.179

PANITCH SCHWARZE BELISARIO & NADEL LLP ONE COMMERCE SQUARE 2005 MARKET STREET, SUITE 2200

FILING DATE

10/05/2005

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7828

(Simon (Date FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 52460-60US/M/IPB-042-PC-

TITLE OF INVENTION: METHOD OF PRODUCING RAW SAUSAGE, COMPRISING AN ACCELERATED MATURING PROCESS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	yes <sub>NO</sub>	57/5 15 10	\$300	\$0	\$1985/810	07/01/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS	]		
GWARTNEY,	ELIZABETH A	1781	426-056000	•		
Change of correspondence address or indication of "Fee Address" (37 CFR 1363)   Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.   'Fee Address' indication (or 'Fee Address' Indication form PTO/SB/47; Kev (59/20 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agento SQ, alternatively. (2) the name of a single firm (having as a member a registered naterney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2 Panitch	Schwarze Belisar
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	ne)		
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(A) NAME OF ASSISTANCE (R) RESIDENCE: (CITY and STATE OR COUNTRY) Zylum Beteiligungsgesellschaft mbH &

Schoenefeld/Waltersdorf, Germany Co. Patente II KG Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 🌠 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue (ee shown above)

Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50 1017 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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